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ABSTRACT

A wide range of interesting observations of the past decade, which may now cast their shadow as the health communication paradigm of the forthcoming decade, can be clarified and correlated. One example of effective communication therapy was Norman Cousins's hospitalization with the crippling disease, "ankylosing spondylitis." Using large doses of media comedy and Vitamin C, Cousins believes he laughed his way back to health. Despite this case, laughter can be considered as an aspect of communication, not medicine. Increasingly, research conclusions suggest a major relationship between individual expression and the individual state of health. Noting such interaction between personality and health, the surgeon Wallace Ellerbrook has prescribed changes in patient communication patterns rather than emphasizing drugs, diet, or other external treatments. What is emerging is (1) the increasing correlation of empirical validation with previously theoretical hypotheses, (2) movement beyond academic debate into the broader public Cousins's audience signifies, (3) a startling open-mindedness to forthcoming evidence and fresh perspectives, (4) an adventurous quest for the scientific understanding and healthy employment of human emotion, and (5) the premise that health and communication define and reflect each other at the core level and may be ultimately identical if properly understood. (EL)

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AFFIRMATIVE COMMUNICATION AS HEALTH:

THE NEW PARADIGM

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AFFIRMATIVE COMMUNICATION AS HEALTH: THE NEW PARADIGN

Like Martin Buber, the author of this discourse is concerned with genuine dialogue between the one who speaks (writes) and the one who listens (reads).[1] Consequently, phrases such as "the author of this discourse" and "the one who speaks" stand forth like bagpipes in an orchestra. Such verbose formalities present both of us with a "station-to-station", rather than "person-to-person" relationship.

If I am to address the subject of health and communication, should I not exemplify communication which is healthy, even at the outset of this dialogue? Should I not commence with my most genuine face forward, that is, with my greatest capacity for self-expression, free of pretense and defense? If this communication is to be healthy in <u>fact</u>, not in <u>theory</u> alone, am I not compelled to let dissolve, to the extent I can, those impersonal masks and blocks which leading health and communication professionals call "barriers"?[2] Unprotected by the formal posturing of authoritative academic anonymity, I am talking <u>to</u>, but not <u>at</u>, you.

If we agree to enjoy this relaxed, calm approach, the possibility exists for us to simultaneously engage in what might be called a form of communication therapy. Art and music are well known as therapeutic tools and a rich bibliography documents the various employments of health-inducing sounds and colors.[3] Why should the larger range of media, beginning with speech and expanding to include all written, performance, and electronic media, be excluded as possible forms of relief, therapy, or healing? Even this interchange carries the possibility of basic health communication, for reasons I will discuss in depth later.

Possibly the greatest public exposure to communication therapy came from Norman Cousins's recent best seller, Anatomy Of An Illness.[4] Hospitalized with a crippling disease "ankylosing spondylitis," Cousins, in consultation with his doctor, prescribed for himself screening of Candid Camera episodes and Marx Brothers movies; simultaneously, he phased out injection of the previously prescribed drugs--aspirin, phenylbutazone (butazolidine), codeine, colchiline, and sleeping pills.[5] Not prejudiced toward strictly electronic media, Cousins included within his diet large amounts of printed humor:

> The nurse read to me out of a trove of humor books. Especially useful were E. B. and Katherine White's Subtreasury of American Humor and Max Eastman's The Enjoyment of Laughter.[6]

Using large dosages of media comedy and Vitamin C, Cousins believes he laughed his way back to health.

Nevertheless, Cousins does not equate media with medicine. Nor does he discount the possibility that printed or recorded comedies are catalysts, if not placebos, rather than nostroms, if not panaceas. Health-inducing stimuli are valueless without the patient's will to live, the doctor's agreement, and a genuinely healthy atmosphere. Given these necessary conditions, tapes, films, words, and publications may prove effective.

Lewis Thomas, President of the Sloan-Kettering Cancer Center, has described the far more prevalent interface between the health and communications industries. Cousins's use of media is the exception to the ruling use of mass media by health-related advertising and publicity, which Thomas vividly catalogs:

> The television and radio industry, no small part of the national economy, feeds on Health, or, more precisely, on disease, for a large part of its sustenance. Not just the primarily medical dramas and the illness or surgical episodes threaded through many of the non-medical stories,

> in which the central human dilemma is illness; almost all the commercial announcements, in an average evening, are pitches for items to restore failed health: things for stomach gas, constipation, headaches, nervousness, sleeplessness or sleepiness, arthritis, anemia, disquiet, and despair of malodorousness, sweat, yellowed teeth, dandruff, furuncles, piles. The food industry plays the role of surrogate physician, advertising breakfast cereals as though they were tonics, vitamins, restoratives; they are now out-hawked by the specialized Health-food industry itself, with its nonpolluted, organic, "naturally" vitalizing products. Chewing gum is sold as a tooth cleanser....The publishing industry, hardcover, paperbacks, magazines, and all, seems to be kept alive by Health, new techniques for achieving mental health, cures for arthritis, and diets mostly for the improvement of everything.[7]

Despite the high quantitative release of health-oriented media discharge, I am not convinced that such symbiotic "health communication" factually heals or genuinely communicates. On the one hand, Thomas is describing the fading paradigm of disease-(cf. health-) care commercial artifice. Cousins, on the other hand, is simply the most visible of an emerging network of authors and professionals who describe an emerging paradigm, who no longer relate health distortions so much to germs and disease as to patient irresponsibility, medical malpractice, pharmaceutical panaceaism, and institutionalized iatrogenesis. Articles such as "The Competitive Health Strategy" and "Why Contemporary Medicine Is Failing" by J. Salmon, "Medical Self-care: Self-Responsibility For Health" by T. Ferguson, and books such as Medical Nemesis by Ivan Illich and The Medusa and the Snail by Lewis Thomas herald a tidal wave of titles which allude to consumer responsibility and independent thinking by patients and health professionals.[8] Conversely, the cultic health-think of corporate media are depicted as dangerous, damaging, or even deadly.

Extra-Strength Tylenol and the long list of side-effect drugs have ironically become symbols of a medicine cabinet culture dying more from medication than a lack of it. The new health paradigm, unlike the old

stream of criticism from disgruntled patients, comes from concerned doctors themselves and professionals from every major social sector. Moving away from the "more is better" thesis, their emphasis is qualitative, integrative, and compassionate. The championing of honesty and humor offsets the characteristic deception and seriosity surrounding professional posturing, corporate advertising, and medical "omniscience".

I cannot argue the originality of either media therapy or the self-health paradigm. George Bernard Shaw, for example, demonstrated an awareness of both when he wrote, within the preface to The Doctor's Dilemma, a section entitled "Are Doctors Men Of Science?":

> A relative of mine recently consulted a doctor about some ordinary symptoms which indicate the need for a holiday and a change. The doctor satisfied himself that the patient's heart was a little depressed. Digitalis being a drug labelled as a heart specific by the profession, he promptly administered a stiff dose. Fortunately the patient was a hardy old lady who was not easily killed. She recovered with no worse result than her conversion to Christian Science, which owes its vogue quite as much to public despair of doctors as to superstition.[9]

Shaw, who lived to the age of ninety-four, may well exemplify the aphorism of Dr. William Bahan, "he who laughs, lasts".[10]

I am not persuaded that Candid Camera programs and the Marx Brothers movies, any more than the books Cousins cites, are any more significant medical discoveries than surgical forceps and the scalpel. The significance remains within those who use these tools, with what motivation, in which attitudinal or atmospheric environment, and in what vastly larger context? The significant communication for Cousins was not the content, the comic form, or the type of medium chosen so much as the laughter itself and the attendant consciousness of the patient. Had Cousins chosen to deeply resent or vehemently criticize Candid Camera, or situation comedy, or television, or anything, there is evidence to support the hypothesis that he would have hastened his death rather than recovery.[11]

Despite the multi-cultural wisdom that "Laughter is the best medicine", I wish to consider laughter as an aspect of communication, not medicine. Whatever its seeming stimulus, laughter demonstrably functions from the inside out. Even in physiologically-motivated extremes (tickling, laughing gas), and social causation (contagious laughter, mob hysteria), the utterance is really an outerance, a release, emission, or, in a broader sense, a communication act. While laughter may not physiologically duplicate sneezing, the dictum "Laughter is the mind sneezing" may metaphorically suggest that, like sneezing, laughing may clear a system of interferences. At the physical level, sneezing may expel dust or foreign particles; at the psychological level, laughter may, and here I speak pictorially, expel or dissolve attitudinal arthritis, a hardening of the mental structures, or emotional ossification.

At the heart of the matter is the matter of the heart: Cousins noted Dr. Hans Selye's observation that negative emotions may be closely related to disease formation.[12] Cousins further deduced that, conversely, positive emotions might create the psychological climate for physiological recuperation. Laughter, in this case, would be only one means of expression from the wide spectrum of self-healing emotions--joy, love, awe, gratitude, and happiness, as representative examples. Distinctively, however, laughter is an observable action or expression, unlike emotions which are felt but not emitted.

At first glance Cousins's assumption about negative and positive emotions looks like over-simplified naivete. Communicating anger, for example, has long been surmised to be therapeutic, not destructive, particularly among those who subscribe to the popular ventilationist

school of thought.[13] Carol Tavris's current research, however, questions the unsubstantiated conclusion that expressed anger is useful or therapeutic to the human organism. Ultimately, she draws antithetical conclusions:

> THE psychological rationale for ventilating anger does not stand up under experimental scrutiny. The weight of the evidence indicates precisely the opposite: Expressing anger makes you angrier, solidifies an angry attitude, and establishes a hostile habit. If you keep quiet about momentary irritations and distract yourself with pleasant activity until your fury simmers down, chances are that you will feel better, and feel better faster, than if you let yourself go in a shouting match.[14]

Increasingly, research conclusions suggest a major relationship between individual expression and the individual state of health. In his useful diagnosis of the classical cancer personality, Dr. O. Carl Simonton notes the following characteristics:

1) A great tendency to hold resentment and marked inability to forgive.
2) A strong tendency toward self-pity.
3) A poor ability to develop and maintain long-term relationships of meaningful significance.
4) A poor self-image.[15]

Emotions associated with these four personality traits are easily observed. Resentment, like the emotions of close relatedness, anger, frustration, and despair, frequently remains suppressed, or "bottled." As parallels to the cancerous condition, such emotions grow invisibly and internally until the malignancy seems irreversible. Self-pity and poor self-image, closely related to emotions such as fear, shame, sadness, and discouragement, are closely identified with condition number three, the poor ability to develop and maintain long-term meaningful relationships. Loneliness, melancholy, and, in advanced growth, deep depression, accompany the third trait.

Noting such interaction between personality and health, the surgeon Wallace Ellerbrook has undertaken to prescribe changes in patient communication patterns rather than emphasizing drugs, diet, or other external treatments. In one of his best known situations, he prescribed nothing more to a dying patient than a change of attitude:

> Dr. Wallace Ellerbrook, surgeon at St. Mary's Hospital in Long Beach, California, was in the middle of an operation when he got the message 'As soon as I opened her up, I knew surgery couldn't help. She had a massive tumor of the colon and cancer from both ovaries had spread throughout her abdomen. She had maybe two or three months to live. She also had a lot of bottled up resentment toward her husband. So I told her how long she had and how I believed her anger and depression caused cancer.
>
> "Stop being angry or die." I said. She stopped being angry. She changed her attitude, became happier, and in weeks the change was incredible. In six months her body was totally free of cancer. Today, fifteen years later, she's alive and healthy.'
>
> Dr. Ellerbrook now treats disease by using only his insight and some sharp words. He retired his scalpel when he got tired of seeing the same patients come back for another session on the operating table. While this may sound unbelievable, Ellerbrook's successes have been validated by independent studies at Johns Hopkins Medical School and Oxford University.[16]

The attitudinal treatment used effectively by Ellerbrook must be clearly distinguished from the more romantic imposters called "positive thinking," optimism, or idealism. A sharp distinction must be drawn between the wellness paradigm and those who feed upon inspirational conferences or repeat "Think positively" ritualistically and conceptually. From the wellness perspective, the laughter, love, joy, and happiness must be consistently expressed, no matter what the risk of social ostracism or peer group misinterpretation. Moreover, if healing is to occur, the expression must be genuinely felt; the artificial smiles we associate with airline stewardesses or campaigning politicians may contribute more to disease than health if such affect displays conceal the underlying malaise of their owners and communicate dishonest communication to their audience.

Nevertheless, artificial emotional radiance may not be wisely condemned. To a patient (cf. person) accustomed to cynical (which is frequently misnamed "realistic"), attitudinal sets, laughter, joy, and particularly warmth or compassion, outside of pre-established intimacy, may seem forced or artificial initially. Nor is Norman Vincent Pealism, and many of its relatives, the Dr. Pangloss-cum-Polyanna image given such attitudinal schools by their critics. Apparently thoughts, "positive" or "negative", may have more far-reaching implications than have been previously corroborated. According to the research of Cambridge University's Rupert Sheldrake, rats which have been trained to run a maze pattern in isolation appear not to be isolated in mental awareness. Once rats have mastered the maze in one control group, other rats, bred in isolation elsewhere, at extreme distances, can then learn to run the same maze pattern faster exactly where they reside.[17] Sheldrake's findings, which center on the phenomenon he calls morphic resonance, and dovetail with the famous one hundredth monkey effect, indirectly point toward the potential for collective health. If one man's genuine laughter for ten minutes can lower his sedimentation rate five points, could ten million city residents thinking creatively for ten days lower the national crime rate by five points? John White, author of Pole Shifts, affirmatively answers questions of this hypothetical nature and proposes that human beings should collectively give positive consciousness to the world and thus influence its future health.[18]

Such famous, albeit controversial figures as Plato, Jung, and Velikovsky, have already suggested a profound relationship between consciousness and form. Consequently, there is nothing revolutionary about suggesting that human thoughts, whether the memory of the collective species or the present global subconscious intelligence, is influential. Nor is the premise that thought is contagious or ubiquitous revolutionary?

What is fresh about the emerging paradigm is: 1) the increasing correlation of empirical validation with previously only theoretical hypotheses, 2) movement beyond academic debate into the broader public Cousins's audience signifies, 3) a startling open-mindedness to forthcoming evidence and fresh perspectives, 4) an adventurous quest for the scientific understanding and healthy employment of human emotion and 5) the premise that health and communication define and reflect each other at the core level (heart, nervous system, endocrine system) and may be ultimately identical if properly understood.

A major confusion surrounding the emerging health communication paradigm is its association with the various meanings of and interpretations surrounding the words "holistic" and "holism". For example, in D. C. Philips writing Holistic Thought In The Social Sciences (Stanford, 1976), the primary theoretical uses of the word "holism" derive from the word's precursory principles derived from Hegel's "principle of internal relations", but such uses cover an amalgam of disciplinary mutations.[19] In Ivy League and Oxford/Cambridge circles, "Holism" frequently takes a more specialized shape, as in Christopher Peacocke's Holistic Explanation (Oxford U. Press, 1979).[20] Both usages of "Holism", owe their etymology, and a tributary of their meaning, to J. C. Smuts, author of Holism and Evolution (Macmillan, 1926), and author of the word "Holism."[21] Nevertheless, none of these authors give precisely the same meaning to "holistic", an adjective which could in its broadest definition both derive from and describe many of the Pre-Socratic thinkers, particularly Thales.

To further deflate the word's precision, literally hundreds of health-related interest groups and "healers" have borrowed the word to describe health practices ranging from purely oriental techniques to eclectic mysticism. Educators, therapists, religionists, and psychologists

have all contributed to the despecification of "holistic" into a catch-all adjective which may describe more the user's perspective than the reader's association. A book about "holistic health" may be no more than another new title about diet, popular healing techniques, or mystical belief systems.

I am not the first to suggest that a meaningful distinction, amidst this ocean of meanings, is the word "Wholistic", which reminds the reader that he is considering the Whole patient (cf. doctor, person)--his attitudes, emotions, communicative expressions, actions, social context, environmental atmosphere, nutrition, and interpersonal relationships--rather than merely the spectrum of techniques or concepts surrounding the word's popularization.

Summarily, wholistic health communication proceeds from the emerging vision that health and communication are at their most basic level one utterance. Even at the level of their differentiation they are inextricably related--whether within an individual or throughout the globe. At the universal level, I would argue that a far greater paradigm shift is emerging which may come to accept the seemingly unthinkable assumptions that both communication and health originate beyond the range of human perception; certainly our understanding of the macro- and micro-levels at this point make current communications models look pre-Copernican, to speak analogically. Health and communication at present are merely conceptual, and yet given the leading edge of transformational consciousness, it is possible that our vision will collectively shift toward sensing health and communication to be experiential foremost and unknowable as abstraction or theory.

In writing this essay, or in delivering this lecture, I have sought to clarify and correlate a wide range of interesting observations of the past decade which may now cast their shadow as the health communication

paradigm of the forthcoming decade. But my deeper purpose, by means of writing as honestly and openly as I am currently capable of doing, without seeking to impress or construct an imaginary audience, is to experience and express healthy communication, whether it be called media therapy or any other name. Speaking person-to-person, I am genuinely grateful for your participation in this process and our opportunity to relax informally, yet intelligently, with these reflections and reports of unique research.

Some years ago I conducted research about the nature, function, and causes of communication within the subset of human laughter. The work proved rewarding and revealing. I discovered that many doctors agree that one of the first signs of virtually any illness is the loss of a sense of humor. Upon studying world affairs some years later, I meditated upon the extreme seriousness of international relations and so-called global problems and wondered if we, as a species, were not suffering from the loss of a sense of humor at a much grander scale.

On the one hand, Norman Cousins may look like a serendipitous fluke or an intellectual feather-weight to those who prefer elaborated and sophisticated analysis of every human condition and cure. On the other hand, when I studied laughter, I noted with interest that the phrase "he died laughing" was not idiomatic but related to a rare and real nervous condition in which individuals had literally died of uncontrollable paroxysms of sustained laughing. It suddenly occurred to me that if there was anything more tragic than an individual dying of prolonged laughter, it was a species determined to die by the prolonged lack of a sense of humor. Oscar Wilde was exactly right when he said that "we should take serious things trivially and trivial things seriously." More than individual health is at stake.

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